



NEVADA PEST CONTROL CERTIFICATE OF INSURANCE
(Proof of Public Liability and Property Damage and Drift Coverage)



THIS FORM MUST BE SUBMITTED TO THE NEVADA DEPARTMENT OF AGRICULTURE

"GROUND APPLICATION"

Policy No. _____

This is to certify that _____ (here in called Company)
Underwriter Company

of _____ has issued to
Home Address of Company

_____ dba _____
Name of insured Doing business as

the policy of insurance for Public Liability and Property Damage which covers each occurrence of damage to persons or to property, including that being treated, from chemicals, chemical drift and equipment used in the operations of the business, including any inspection of structures for evidence of, and/or conditions conducive to, wood-destroying pest infestations for operations conducting such inspections.

Is coverage being provided for the above requirements? ☐ YES, ☐ NO. If NO this policy will be rejected.

Coverage provided by said policy is for \$ _____ each occurrence bodily injury,
\$10,000 minimum

\$ _____ aggregate bodily injury, \$ _____ each occurrence property damage,
\$20,000 minimum \$10,000 minimum

\$ _____ aggregate property damage, with deductible in the amount of \$ _____
\$20,000 minimum

List exclusions from pesticide application coverage _____

NOTE: If a POLLUTION EXCLUSION is listed, does pollution include CHEMICAL DRIFT DAMAGE to property other than the specific property, to which the chemical is being applied? ☐ YES, ☐ NO. If "yes", this policy CANNOT be accepted by the Nevada Department of Agriculture.

It is agreed that the Company will file with the Department of Agriculture within ten (10) days, copies of any and all endorsements extending, restricting, cancelling, or changing the aforementioned coverage and any claims paid against this policy.

Whenever requested by the Department of Agriculture the Company agrees to furnish to the Department of Agriculture a copy of said policy and all endorsements thereon.

This Certificate is effective from _____, 20 _____ (12:01 A. M. Standard Time),
to _____, 20 _____ (12:01 A.M. Standard Time).

I certify that I am a representative for _____ insurance company located
in the State of _____ that I have binding
authority to effectuate the indicated coverage in Nevada.

By _____
Signature Date Name and title (Print or type)

_____ Company Mailing address

(_____) (_____)
Telephone No. Fax No. City State ZIP Code

MAIL ORIGINAL COPY TO: Nevada Department of Agriculture 350 Capitol Hill Avenue, Reno, NV., 89502.
Phone, 775-688-1182 ext. 252 OR 253. FAX 775-688-2936